

(1) PLACE OF BIRTH

County of AndersonTownship of 1OR
Inc. Town of 1OR
City of 1

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-A

File No. — For State Registrar Only

40755

Registered No. 498
(For use of Local Registrar)(2) Full Name of Child Mary Barbara Elam

If child is not yet named, make supplemental report as directed

(3) SEX-
GIRL?(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Dec. 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife [Address]Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by doctor)

G. CRAYTON,

(27) Filed

(28) ANDERSON*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.